

FORM LM-30
LABOR ORGANIZATION OFFICER AND
EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.

For Official Use Only



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>3087</u>	2. Fiscal Year Covered From: <u>Amended</u> <u>7/1/2004</u> Through: <u>12/31/2004</u>
3. Name and address of person filing. Name <u>Michael E. Aaron</u> P.O. Box, Bldg., Room No., if any _____ Street <u>2161 W. Grand Blvd.</u> City <u>Detroit</u> State <u>Mi</u> ZIP Code + 4 <u>48208-1177</u>	4. Name, file number, and address of labor organization. <u>Local 1191</u> Name <u>Laborer's INT'L N/A, AFL-CIO</u> Labor Organization File Number <u>018156</u> P.O. Box, Building and Room Number, if any _____ Street <u>2161 W. Grand Blvd.</u> City <u>Detroit</u> State <u>Mi</u> ZIP Code + 4 <u>48208-1177</u>
5. Position in labor organization. <u>President / Business Agent</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

Michael E. Aaron

On

8-15-05
Date

(313) 894-2241
Telephone Number

Name of Person Filing

Michael Aaron

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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Michigan Laborer's Health Care Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 Centurion Dr.

City Lansing

State MI

ZIP Code + 4 48917

9. Business deals with:

☐ a. Labor Organization☒ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Michigan Laborer's Health Care Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 Centurion Drive

City Lansing

State MI

ZIP Code + 4 48917

11.a. Nature of such dealing.

Tri-Fund Conference to educate trustee's of various funds

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Training & Education on Health Care & Collections of benefits.

12.b. Amount.

\$1,350.34

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐or Consultant ☐ ?

14.b. Amount of payment.

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name

Spartan Travel

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3032 Lake Lansing Rd.

City East Lansing

State MI

ZIP Code + 4 48823

9. Business deals with:

a. Labor Organization

☒ b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Michigan Laborer's Health Care Fund

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 6525 Cantonment Dr.

City Lansing

State MI

ZIP Code + 4 48917

11.a. Nature of such dealing.

Board of Trustee Meetings for Pension, Health Care, Vacation, Annuity, Training Fund & Joint Delinquency Mtg.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

Lodging, travel expenses for meetings.

12.b. Amount.

998.45

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

MICHIGAN LABORERS' HEALTH CARE FUND

TRAVEL EXPENSES RECEIVED FROM JANUARY 1, 2004 THROUGH DECEMBER 31, 2004

MICHAEL AARON

CHECK DATE	PAYEE	AMOUNT	PURPOSE
12/18/2003	Michael Aaron	\$1,542.45	Travel Advance - Tri-Fund Conf 1/04
	Mich Laborer Health Care	(\$192.11)	Refund of Unused Travel Advance
		TOTAL \$1,350.34	
3/18/2004	Spartan Travel	\$390.95	Lodging - 5/23 & 5/24/04 Jt BOT Mtg
5/11/2004	Michael Aaron	\$75.00	5/11/04 JDC Meeting - Transportation
5/24/2004	Michael Aaron	\$232.50	5/23-5/25/04 JT BOT Meeting - Trans
8/18/2004	Michael Aaron	\$75.00	8/11/04 JDC Meeting - Transportation
8/19/2005	Michael Aaron	\$75.00	8/19/04 BOT Meeting - Transportation
11/18/2004	Michael Aaron	\$75.00	11/18/04 BOT Meeting - Transportation
11/30/2004	Michael Aaron	\$75.00	11/11/04 JDC Meeting - Transportation
		TOTAL \$998.45	

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8. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

12.b. Amount.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

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LEISNA I.M-30 STATE REPORT

	Name and Title	Date	Vendor	Event	Description	Amount
Aaron, Mike		08/17/05	James Senteramo	Review Modified Benefits cost reduction / mandated apprenticeship	Restaurant-	26.71